

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to Mail Stop ISSUE FEE  
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27752 7500 06/25/2003

**THE PROCTER & GAMBLE COMPANY**  
INTELLECTUAL PROPERTY DIVISION  
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6110 CENTER HILL AVENUE  
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

*Emelyn L. Hiland* (Signature)

8/28/03 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/019,002	03/20/2002	Bei(NMN) Yc	AA484F	5117

TITLE OF INVENTION: DELIVERY SYSTEM FOR ORAL COMPOSITIONS COMPRISING ORGANOSILOXANE REINS USING A REMOVABLE BACKING STRIP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	09/25/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROSE, SHEP K	1614	424-D49000

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Emelyn L. Hiland

Karen F. Clark

Betty J. Zea

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Procter & Gamble Company

Cincinnati, OH

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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Issue Fee

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*Emelyn L. Hiland* 8/28/03

(Authorized Signature) (Date)

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